

healthstat

building a healthier business

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Communicate with your clinician easier than ever before.

PATIENT PORTAL FEATURES

- Appointment Requests
- Medication Refill Requests
- Patient Preferred Pharmacies
- Secure Communication between Patients & Clinician
- Discreet Practice Forms
- Referral Requests

“The InteliChart Patient Portal is easy and efficient to use! It saves time because now I can request appointments, request medication refills, all online!”

Jennifer

-current Patient Portal user

CREATING A PATIENT PORTAL ACCOUNT IS EASY

Step-1

To create a Patient Portal Account, visit:

<https://healthstatinc.intelichart.com/patientportal>

Step-2 of registration enter your **PIN**, _____
(provided by your practice)
and Last Name to identify yourself.

Step-3 provide current email address, a password and secret question-answers. Click Register to complete the process.

Once you've finished registering, you'll receive a verification email. Click the link in that email to complete the registration process.

You now have a Patient Portal account!

Your Patient Portal Account will give you access to a variety of Patient Portal features, including Requesting Appointments, Requesting Medication Refills and many more.

InteliChart Patient Portal User's Manual

Creating An Account

To create an Intelichart Account, visit the **Intelichart-Registration page**.

<http://192.168.1.208/PatientPortal/account/register-with-pin> (sample link, will vary by practice)

1. Users must enter the seven digit pin provided by the practice. These seven digits consist of alphanumeric characters, with three characters in the first-half of the pin and four characters in the second-half of the pin. **Note:** The seven-digit characters will be encrypted for security purposes.
2. Users must enter their last name.
3. Click Continue when completed.

Intelichart
patient portal

Patient Portal Registration - 1 of 2

PIN Number:

-

PIN is NOT case sensitive.

Last Name:

Continue

[Already have an account? Sign In](#)

[Forgot your password?](#)

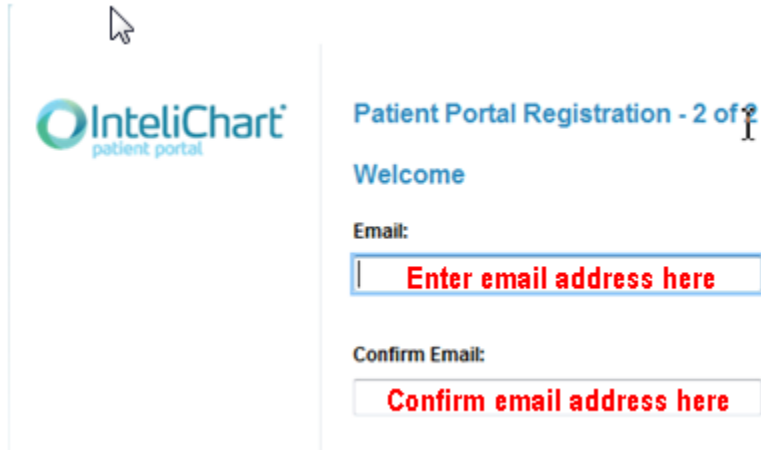
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[Questions, comments, suggestions?](#)

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patient portal

Clicking the Continue button will launch the second page of the Intelichart Patient Portal Registration.

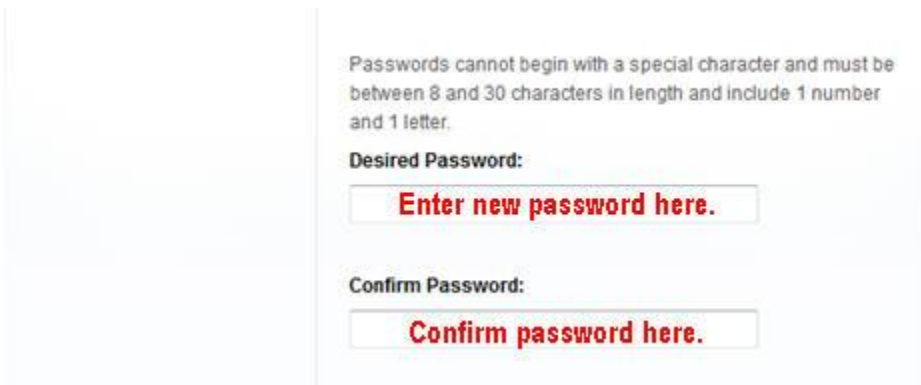
InteliChart Patient Portal User's Manual

Users must first enter a valid **email address**. The email address entered will be used as the user name to log into InteliChart Patient Portal from this point forward.



Next, users are prompted to enter a new password. **Passwords are case-sensitive, must be a minimum of eight characters, and must contain at least one number; do not start the password with a special character.**

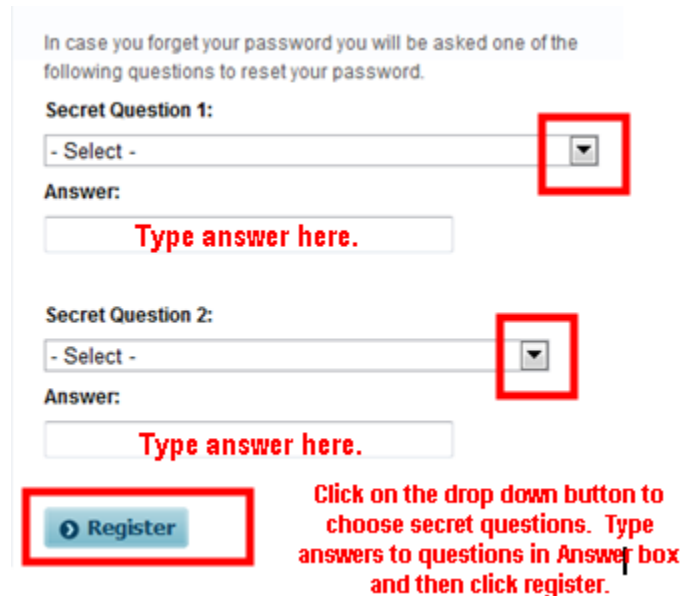
To confirm this new password, users must re-enter the password. If the passwords are not consistent, an error will appear, prompting users to re-enter the password and confirm it.



InteliChart Patient Portal User's Manual

Security Questions are required fields. Users must choose two different questions and supply the appropriate answer. These questions and answers will become part of a user's unique profile and will ensure the security of the person accessing InteliChart Patient Portal.

Note: Click on the dropdown arrow  to access different questions.



In case you forget your password you will be asked one of the following questions to reset your password.

Secret Question 1:

- Select - 

Answer:

Type answer here.

Secret Question 2:

- Select - 

Answer:

Type answer here.

 Register

Click on the drop down button to choose secret questions. Type answers to questions in Answer box and then click register.

Once the user has finished registering, they will receive a verification email. Click the link in that email to complete the registration process. The user now has a Patient Portal account.

Welcome Back,
Julie



- Add to Homepage
- View My Account
- View My Chart
- Print My Chart
- Setup Notifications



Quick Links



Request an
Appointment



Refill a
Medication



Request a
Referral



Appointments

Date / Time	Location	Provider
Mon, Apr 25 2011 @ 9:15 AM	North Blvd Primary Care	Susan Amodeo



Medications

Name	Start Date	Prescribed By
BIAXIN XL	4/19/2011	Susan Amodeo
NASONEX	2/15/2011	Susan Amodeo
SIMCOR	12/15/2008	Nancy Colson
METANX	12/15/2008	Nancy Colson
WELLBUTRIN XL	3/21/2008	Susan Amodeo



Family History

Relation / Name	Condition(s)
Sister Ellen	Alive and well Hypertension
Grandmother (materna Jane	Diabetes mellitus



Vitals

Date	Blood Pressure	Weight (lbs)	Heart Rate
4/19/2011	130/90	142	80
2/4/2011	130/90	134	80
12/15/2008	135/80	187	69
11/24/2008	127/87	188	83
11/10/2008	128/84	182	80



Allergies

Date Recorded	Description	Reaction
12/7/2005	PENICILLINS	Unknown
2/4/2011	EGG	Nausea/Vomiting
2/4/2011	CODEINE	Nausea



Statements

Date	Provider	Balance
4/19/2011	Community Physician Group	\$242.72
2/21/2011	Community Physician Group	\$242.72
1/12/2011	Community Physician Group	\$242.72

 Delete

☐		From	To	Date	Subject	
☒		Julie Meyer	Appointments	4/19/2011 2:10:34 PM	Patient Portal Appt Request	

Patient Portal Appt Request

Tue Apr 19 14:10:34 2011

From: Julie Meyer
To: Appointments

Patient Portal Appointment Request
 Patient: Julie Meyer
 Date of Birth: 3/28/1960
 Phone: (500)000-0157
 Reason For Visit: Cough
 Onset: 04/17/2011
 Preferred Location: North Blvd Primary Care
 Preferred Physician: Susan Amodeo
 Preferred Appointment Date/Time(s):
 Next Available

Note: jflksdjfkdsj


[Print This Page](#)
NOTE: THIS IS NOT AN OFFICIAL DOCUMENT
Patient: Julie Meyer

Emergency Contact: Fotini Meyer

DOB: 3/28/1960

Relationship:
Address: 157 Low Street Suite 157
MyTown, NC 12345

Phone: (789) 000-0015

CURRENT MEDICATIONS

Name	Start Date	Dose	Instructions	Quantity	Refills	Prescribed By	Type
BIAXIN XL	4/19/2011	500MG	Take two capsules by mouth daily	14	0	Susan Amodeo	
NASONEX	2/15/2011	50MCG	2 sprays qd to bid per nare	1	11	Susan Amodeo	
SIMCOR	12/15/2008	500MG-20MG	1 po qhs	30	2	Nancy Colson	
METANX	12/15/2008	2-2.8-25MG	1 PO BID	60	2	Nancy Colson	
WELLBUTRIN XL	3/21/2008	300MG	1 po qd	30	3	Susan Amodeo	
LIPITOR	9/12/2007	20MG	1 po qd	30	2	Susan Amodeo	

PAST MEDICATIONS

Name	Start Date	Dose	Instructions	Quantity	Refills	Prescribed By	Type
ERYTHROMYCIN	11/10/2008	5MG/G	apply to affected eyelid bid x 7-10 days, #3.5g	1	0	Nancy Colson	
CHANTIX	9/13/2007	0.5(11)-1	STARTER PAK AND 2 MOS SUPPLY GIVEN	0	0	Susan Amodeo	
BIAXIN XL	5/10/2006	500MG	Take two capsules by mouth daily	14	0	Susan Amodeo	
NASONEX	5/10/2006	50MCG	2 sprays qd to bid per nare	1	11	Susan Amodeo	

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Julie Meyer



- View My Account
- View My Chart
- Print My Chart
- Setup Notifications

Quick Links

- New Appointment
- Refill a Medication
- View Messages
- Change Password



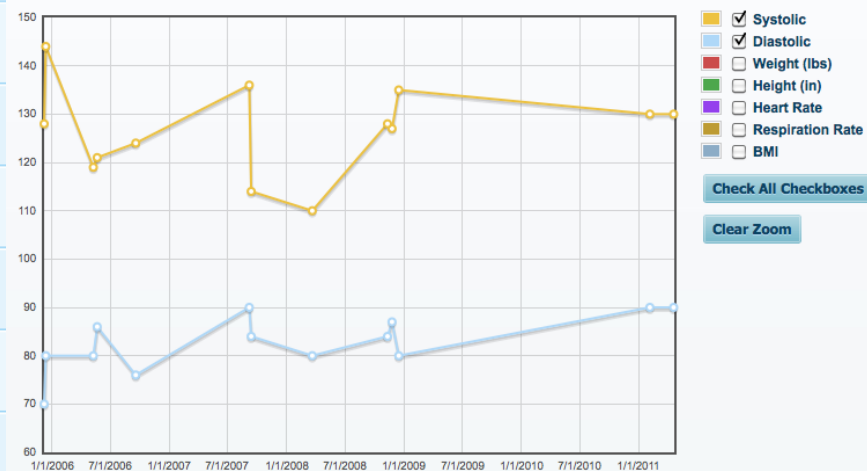
Vitals

Add a Vital Print

Date	Blood Pressure	Weight (lbs)	Height	BMI	Heart Rate	
4/19/2011	130/90	142	5' 2"	26	80	Details / Edit
2/4/2011	130/90	134				
12/15/2008	135/80	187				
11/24/2008	127/87	188				
11/10/2008	128/84	182				
3/21/2008	110/80	186				
9/13/2007	114/84	186				
9/7/2007	136/90	187				
9/19/2006	124/76	193	5' 11"	26.9	72	Details / Edit
5/22/2006	121/86	197	5' 11"	27.5	77	Details / Edit



Vitals Trend



Check All Checkboxes

Clear Zoom